P06000117582

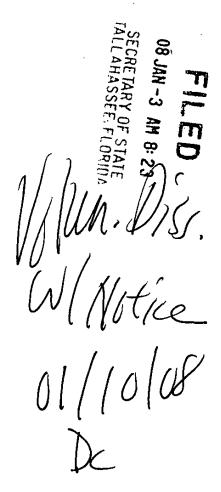
(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	
Special Instructions to Filing Officer:		

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: 6 MONEY SERVICES, INC.		
DOCUMENT NUMBER: P06000117582		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
GEORGE BORSCH		
(Name of Contact Person)		
G MONEY SEPTICES THE		
(Firm/Company)		
1626 GRAY BARK DR.		
(Address)		
OLDSMAR, FL, 34677		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
SALLY LINDBERG at (757) 785-3574 (Name of Contact Person) (Area Code & Daytime Telephone Number	· · · · · ·	
(Name of Contact Person) (Area Code & Daytime Telephone Number	r)	
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed) \$\bigcup \\$35 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)		
MAILING ADDRESS: STREET ADDRESS:		
Amendment Section Amendment Section		
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building		
Tallahassee, FL 32314 2661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403. Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	6 MONEY SERVICES, INC
SECOND:	The document number of the corporation (if known): P06000117582
THIRD:	The date dissolution was authorized: 12 28 07
	Effective date of dissolution <u>if applicable:</u> (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	Dissolution was approved by the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissiplution was sufficient for approval by
	(voting group)
	Signature: (By a director, president or other officer if directors or officers have not been selected an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary:
	GEORGE K. BORSCH
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filling a voluntary dissolution.

Date of dissolution will	be the date the dissolution is filed with the Department of State or as
specified in the Articles	
Description of informat	ion that must be included in a claim:
	•
	4
Mailing address where	Claims can be sent: (Claims cannot be sent to the Division of Corporations) 1626 GRAY BARK DR. OLDSMAR, FL 34677
	OLDSMAR, FL 34677
	ve named corporation will be barred unless a proceeding to enforce the claim is commenced filing of this notice.
within 4 years after the	

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

Signature of the Person Filing

Printed Name of the Person Filing